## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/831962

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                      |   |                   |   |                  | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                              |                        |
|--|----------------------|---|-------------------|---|------------------|-------------------|------------------------|----------------------------|------------------------------|------------------------|
| TOTAL CLAIMS   |                      |   |                   |   |                  | RATE              | FEE                    | )<br>                      | RATE                         | FEE                    |
| FOR  |                      | NUMBER FILED NUMBE                          |                   | MBER EXTRA  | BASIC FEE        | <del>355.00</del> | OR                     | BASIC FEE                  | 710.00                       |                        |
| TOTAL CHARGEABLE CLAIMS  |                      |   | / minus 20= *     |   |                  | X\$ 9=            |                        | OR                         | X\$18=                       |                        |
| INDEPENDENT CLAIMS   |                      |   | / minus 3 = *     |   |                  | X40=              |                        | OR                         | X80=                         |                        |
| MULTIPLE DEPENDENT CLAIM PR  |                      |   | RESENT            |   |                  | +135=             |                        | OR                         | +270=                        |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                      |   |                   |   | TOTAL            | SPD               | OR                     | TOTAL                      |                              |                        |
| CLAIMS AS AMENDED - PART II  |                      |   |                   |   |                  |                   | ن س                    |                            | OTHER                        | THAN                   |
| (Column 1) (Column 2) (Column 3)   |                      |   |                   |   | SMALL            | ENTITY            | OR                     | SMALL                      | ENTITY                       |                        |
| AMENDMENT A  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                         | ADDI-<br>TIONAL<br>FEE |
|  | Total                | . 6   | Minus             | <i>JC</i>   | ) =              | X\$ 9=            |                        | OR                         | X\$18=                       |                        |
|  | Independent          | * /   | Minus             | *** G   |                  | X40=              |                        | OR                         | X80=                         |                        |
| <u> </u>   | FIRST PRESE          | NTATION OF M                                | OLTIPLE DEP       | - ENDENT CLA  | , iivi           | +135=             |                        | OR                         | +270=                        |                        |
|  | ,                    |   |                   |   |                  | TOTAL             |                        | OR                         | TOTAL<br>ADDIT. FEE          |                        |
|  |                      | (Column 1)                                  |                   | (Column 2   | ) (Column 3)     | ADDIT. FEE        |                        |                            | ADDIT. FEE                   | ·                      |
| AMENDMENT B  |                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSL'<br>PAID FOR             | PRESENT          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                         | ADDI-<br>TIONAL<br>FEE |
|  | Total                | *   | Minus             | **  | =                | X\$ 9=            |                        | OR                         | X\$18=                       |                        |
| AME  | Independent          | *   | Minus             | ***   | =                | X40=              |                        | OR                         | X80=                         |                        |
| L  | FIRST PRESE          | NTATION OF M                                | ULTIPLE DEP       | ENDENT CLA  | лм               | +135=             |                        | OR                         | +270=                        |                        |
|  |                      |   |                   |   |                  | TOTAL             |                        | OR                         | TOTAL                        |                        |
|  |                      | (Calumn 1)                                  |                   | (Column 2   | \ (Column 2\     | ADDIT. FEE        |                        | , - · ·                    | ADDIT. FEE                   | <b>L</b>               |
| AMENDMENT C  |                      | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | (Column 2<br>HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | PRESENT          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE                         | ADDI-<br>TIONAL<br>FEE |
|  | Total                | *   | Minus             | **  | =                | X\$ 9=            |                        | OR                         | X\$18=                       |                        |
|  | Independent          | *   | Minus             | ***   | =                | X40=              |                        | OR                         | X80=                         |                        |
| I  | SIDOT SSES           | * ITATION OF *                              |                   |   | 1 1 L            |                   |                        | 1                          | ·L                           | ·                      |
| _  | FIRST PRESE          | NTATION OF M                                | IULTIPLE DEF      | PENDENT CLA   | 1111             | +135=             |                        | OR                         | +270=                        |                        |
| L  | If the entry in colu | mn 1 is less than                           | the entry in colu | mn 2, write "0" i                                       |                  | · TOTAL           |                        | OR<br>OR                   | +270=<br>TOTAL<br>ADDIT, FEE |                        |